SC Breast & Cervical Cancer Early Detection Program
(Best Chance Network)

SCREENING AND DIAGNOSTIC MAMMOGRAPHY PROTOCOL

The following clinical elements serve as practice guidelines and Centers for Disease Control and Prevention's (CDC) minimum reporting requirements:

Screening

Screening mammography is performed on all program eligible women as follows:

- Age **47-64 annually** and as recommended for short-term 3-6 month follow up (while women under the age of 47 are not eligible for BCN screening services, the program supports the joint recommendations of CDC and ACS to start annual mammograms at age 40)

Screening mammogram is performed to detect breast cancer at an early stage in asymptomatic women, including those with:

- Fibrocystic changes
- Diffuse nodularity (lumpy breasts with no single**,** clinically significant mass)
- Mastitis
- Self-reported nipple discharge (see CBE guidelines *Breast Exam* section for details)

Screening findings relevant to BCN are reported as ACR Final Assessment Categories:

- **Assessment is incomplete (Final Category 0): Needs additional imaging evaluation (as per radiologist) within one month:**
  - Spot compression mammography
  - Magnification mammography
  - Special mammographic views
  - Ultrasound
- **Assessment is complete - Final Categories 1-5 (see attachment)**:
  - 1/Negative - repeat in 1 year
  - 2/Benign - repeat in 1 year
  - 3/Probably Benign – *follow up per recommendations of radiologist – most findings will still be managed by short-term follow up**
  - **4/Suspicious -** refer immediately for diagnostic mammogram and/or additional diagnostic work-up by BCN radiologist and/or surgeon
  - **5/Highly Suggestive of Malignancy -** refer immediately for diagnostic mammogram and/or additional diagnostic work-up by BCN radiologist and/or surgeon

**Guidelines for use of this category have changed in the ACR BI-RADS, Fourth Edition – 2003.*

Case Management

Primary screening provider should initiate BCN case management referral for women with mammography findings listed above in bold (ACR Final Categories 4 or 5 by calling the DHEC Care Line number, 1- 800-868-0404.

- **Provide the intake staff with the requested patient demographic and clinical information - the information will be forwarded to case managers who are medical social workers employed at the DHEC county health departments.**

Diagnostic

Diagnostic mammography is performed on program eligible women as follows:

- Age **47-64** with an **abnormal** clinical breast exam and/or a mammogram report recommending additional mammographic views

Diagnostic mammography is performed to provide specific analytic evaluation of clinically detected abnormalities and abnormalities detected by screening mammography and in addition to standard views may include:

- Additional mammographic views
- Ultrasound
- Fine-needle aspiration
- Image-guided needle biopsy
- MRI – *not covered by BCN*
- Ductography – *not covered by BCN*

Abnormalities detected through clinical breast examination which require additional evaluation include:

- Discrete palpable mass
- Suspicious nipple discharge
- Nipple or areolar scaliness
- Skin dimpling or retraction (includes recent nipple inversion)

Diagnostic findings are reported as ACR Final Assessment Categories:

- Assessment incomplete should rarely be used after a full imaging work-up
- Final assessment categories are reported

Radiologist recommendations based on screening mammogram and diagnostic evaluation may include:

- Repeat mammogram in 1 year
- Short-interval follow up in 3-6 months
- Breast Ultrasound (within 30 days)
- Fine-needle aspiration (within 30 days)
- Biopsy of discrete solid mass (within 30 days)

Diagnostic Workup

Surgical/radiological work-up of all solid (non-cystic) masses regardless of mammographic findings. ***(Negative or benign mammography results do not provide sufficient evidence to definitively rule out cancer in a palpable mass.)***

Biopsy options include:

- Core needle biopsy, usually with image-guidance *(costs covered by Best Chance Network)*
- Excisional or incisional biopsy with or without preoperative placement of needle localization wire *(surgeon's fee covered by Best Chance Network – no coverage of hospital costs for operating room and anesthesia services)*

Staging

Appropriate primary tumor, regional lymph nodes and distant metastasis (TNM) staging for cancer must be reported to the SC Central Cancer Registry and to BCN if available. Stage I or greater must be evaluated by medical, surgical or radiation cancer specialists.

Treatment

Pathology reports of carcinoma-in-situ or invasive cancer require treatment be initiated within sixty (60) days from date of diagnosis. Women screened through BCN and diagnosed with breast DCIS or invasive cancer or atypical hyperplasia, requiring treatment, are eligible to apply for Medicaid coverage of treatment services through the SC Breast and Cervical Cancer Program. BCN follow-up providers assist patients with the application.

Resource: American College of Radiology. Breast Imaging Reporting and Data System (BI-RADS) Fourth Edition. Reston VA American College of Radiology; 2003. Available on www.ACR.com.

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SC-Breast & Cervical Cancer Early Detection Program (BCN) Recommended Mammography Follow Up
Including Relevant ACR Reporting Categories, Descriptions and Definitions

CATEGORY	DESCRIPTION	DEFINITION/RECOMMENDED FOLLOW-UP*
1	**Negative**	There is nothing to comment on. The breasts are symmetrical and no masses, architectural disturbances or suspicious calcifications are present. ***Recommend routine annual mammogram for women 47-64.***
2	**Benign**	This is also a negative mammogram, but the interpreter may wish to describe a benign finding. Involuting, calcified fibroadenomas, multiple secretory calcifications, fat containing lesions such as oil cysts, lipomas, galactoceles, and mixed density hamartomas all have characteristic appearances, and may be labeled with confidence. The interpreter might wish to describe intra mammary lymph nodes, implants, etc. while still concluding that there is no mammographic evidence of malignancy. ***Recommend routine annual mammogram for women 47-64.***
3	**Probably Benign**	A finding placed in this category should have a very high probability of being benign. It is not expected to change over the follow-up interval, but the radiologist would prefer to establish its stability. ***Follow up based on recommendations of radiologist – most findings will still be managed by short-term follow up.***
4	**Suspicious**	These are lesions that do not have the characteristics morphologies of breast cancer but have a definite probability of being malignant. The radiologist has sufficient concern to urge a biopsy. If possible, the relevant probabilities should be cited so that the patient and her physician can make the decision on the ultimate course of action. ***Refer immediately or perform comprehensive breast evaluation within one month. Date of final diagnosis must not exceed 60 days from the date of abnormal mammogram.***
5	**Highly Suggestive of Malignancy**	These lesions have a high probability of being cancer. Appropriate action should be taken. ***Refer immediately or perform comprehensive breast evaluation within one month. Date of final diagnosis must not exceed 60 days from the date of abnormal mammogram.***
0	**Incomplete: Needs Additional Imaging Evaluation**	This is almost always used in a screening situation and should rarely be used after a full imaging work up. A recommendation for additional imaging evaluation should be made including the use of spot compression, magnification, special mammographic views, ultrasound, aspiration, etc. ***Perform additional radiologic imaging within one month. Date of final diagnosis must not exceed 60 days from the date of the abnormal mammogram.***
	Not Indicated	***Screening mammogram within one year of last screening,***
	Indicated, Not Performed	***Patient refused or failed to keep appointment -- try to reschedule as soon as possible.***

OVERALL (SUMMARY) IMPRESSION: All final impressions should be complete with each lesion fully categorized and qualified. An indeterminate reading should only be given in the mammography screening setting where additional evaluation is recommended before a final opinion can be rendered. In the screening situation a suggestion for the next course of action should be given if the study is not conclusive (magnification, ultrasound, etc.). Interpretation is facilitated by recognizing that most mammograms can be categorized under a few headings. These are listed below and suggested mnemonic codes are included for computer use. If a suspicious abnormality is detected, the report should indicate that biopsy should be considered. This is an assessment where the radiologist has sufficient concern that biopsy is warranted unless there are other reasons why the patient and her physician might wish to defer the biopsy. Whenever possible, the present mammogram should be compared to previous studies. The radiologist should use judgement in how vigorously to pursue previous studies.

Categories, descriptions and definitions from American College of Radiology, BI-RADS, Fourth Edition, 2003 *and* MQSA Final Regulations, April 1999